

## Field Treatment

**Note:** ①

1. Basic airway management ②
2. Oxygen/pulse oximetry
3. Calm and cautious approach to patient, attempt verbal de-escalation prior to involuntary restraint ③
4. Consider restraining if patient is a danger to self or others, contact law enforcement prn ④
5. Perform blood glucose test early when possible, if hypoglycemia, utilize ALTERED LEVEL OF CONSCIOUSNESS **M2** guideline
6. Venous access, if possible; consider 250 fluid challenge ⑤
7. Cardiac monitor/document rhythm when possible, attach EKG strip if dysrhythmia identified
8. **Midazolam 5mg IM/IN or 2-5mg slow IVP ①**
9. Transport via ALS to MAR as per Ref. No. 502, Patient Destination ⑥ ⑦

## Drug Considerations

**Midazolam**

- ① May repeat one time prn. Maximum total adult dose: 10mg

## Special Considerations

- ① Agitated delirium (AD), also referred to as excited delirium, is characterized by an acute onset of extreme agitation, combative and bizarre behavior that may be accompanied by paranoid delusions, hallucinations, aggression with an unusual increase in human strength, and hyperthermia. AD is a life-threatening emergency often connected with drug and alcohol intoxication; however, there are many other underlying causes. AD can be difficult to distinguish from other clinical conditions in which agitation is evident such as hypoglycemia or hypoxia. Careful consideration should be taken to appropriately treat the underlying condition prior to sedation.
- ② Monitor airway closely; restrained patients with AD are at risk for sudden cardiopulmonary arrest and often exhibit an abrupt and brief period of lethargy with a marked decrease in respirations prior to arrest.
- ③ For moderate to severe agitation, consider base contact early for administration of midazolam. **If known insulin dependent diabetic, obtain blood glucose level prior to administration of midazolam if possible.**
- ④ Patients in restraints shall not be transported in the prone position, refer to Ref. No. 838, Application of Patient Restraints.
- ⑤ May repeat prn with clear lung sounds. If wheezing, rales, or diminished lung sounds are present refer to **M17 RESPIRATORY DISTRESS**.
- ⑥ AD can interfere with the body's ability to regulate temperature, active cooling measures should be considered during transport for suspected hyperthermia.
- ⑦ Careful observation of fluctuations in the patient's level of activity is essential; frequent monitoring of vital signs and pulse oximetry are required until transfer of care.